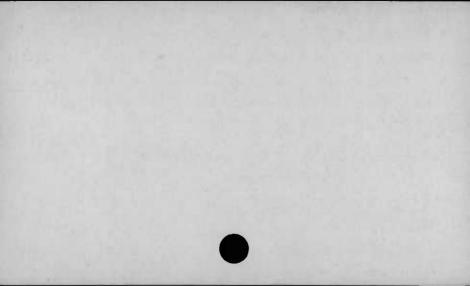
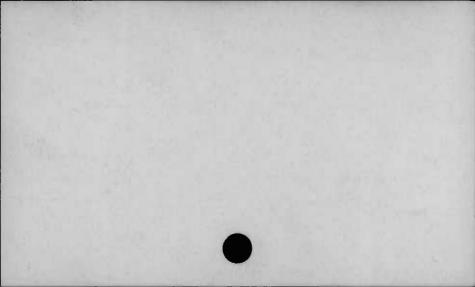
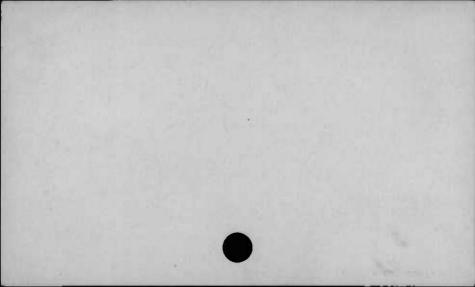
Name in Full Certificate of Deeth Died at Date 1902 White Married Divorced Widow Widower Number of children living Femele Colored Single Husband Father's Name Cause of Accident, Suicide, Homicide Death 1mmediete Reported by Address Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.



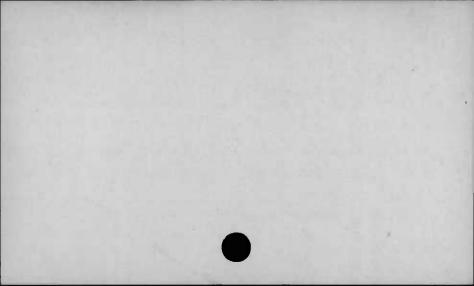
Name in Full Certificate of Death Native of Date 1902 White Male Widow Divorced Widower Colored Single Number of children living Husband of Wife Father's How long sick Accident, Suicide, Homicide Mighland, Md. igned by physician, if any in attendance, otherwise by coroner, undertaker or minister.



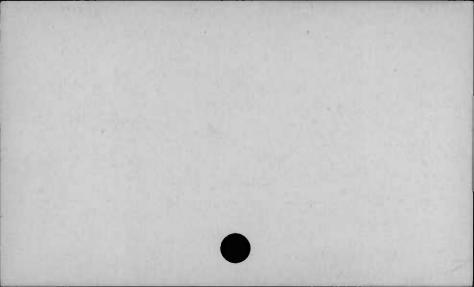
Name in Full Certificate of Death MARYLAND Occupation Native of Farmer Date 19/2 Male Widaw Divorced Single Widower Number of children living Husband Wife Father's Name How long sick Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 70008



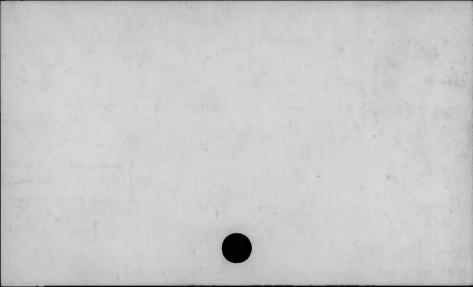
Name in Full Certificate of Death Occupation Date 190 Without Divorced Colored Number of children living Single ·Widower Husband Wife Mother's Father's Maiden Name Name How long sick Primary Cause of Death Immediate Accident, Suicide, Homicide Reported by Addres Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister. TIRRARY BILDEAU. 7084#



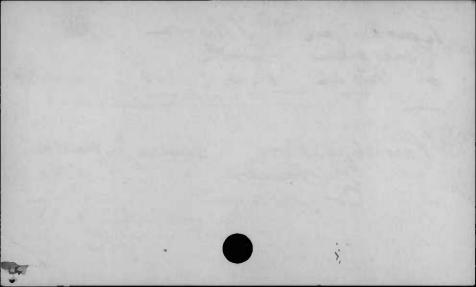
Name in Full Certificate of Death mary a Linkear Died at West Friend which Howard MARYLAND may 312 Native of Occupation Age 80 / 13 med Date 190 2 mone Male -White Widow Biroroad. <del>Colored</del> Widower Number of children living Female Single Hustrand Maiden Name ann Lodd Father's Elyah Lishea Cause of Primary Cronic Brighto Drawner Mppoplery Mary 2 months Immediate shock (from apopley symptom socident Suicide, Homicide. apopley oceaned about 12 prof before death of the Doly of Sheefely In D Reported by alpha Howard Hes Address Ind Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



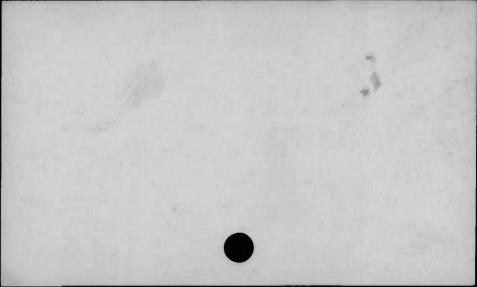
Name In Full Certificate of Death Ana Louisa Lineberger Occupation Age 64-11-Widower Number of children living Frank M. Lineberger Wife Father's Mewsham Name Primary Chr. Rheumation Immediate manition Death Assident Swerds, Hernicide MMP. Eareekson Eex Ridge Must a signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



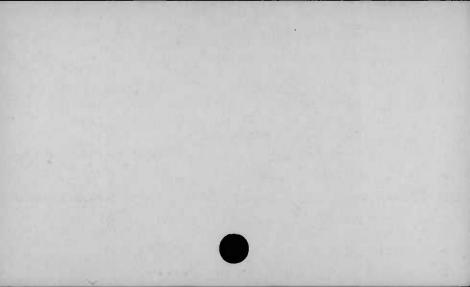
Name in Full					Certificate of Death
wo	· Rose	mali	072		
Died at Selection	Month Day	How	nty D, 1	Native of	MARYLAND
Date 19 (12)	5, 29	Age 7.4	0	reland	Struce hips
Male	White	Merried	Widow	Divorced	
Female	Golored	Single	Widower	Number of chil	dren living
Husband of Wife					
Father's Mother's					
Name Maiden Name					
Cause of Primary  Death Immediate	old a	ge	15		6 months
Death Immediate	Parals	Kis	/	A	ceident, Suicide, Homicide
Reported by Dhorn Orningo					
Address Ellicott Coly					
Must be igned by physician, if any in attendance, otherwise by coroner, undertaker or minister.					
LIBRARY BUREAU, 79893					



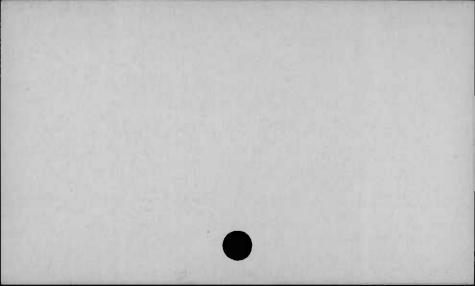
Name in Full Certificate of Death are dolph L: Moore Divorced Number of children livin Husband of Wife Father's Cause of Death Reported by Addres signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Occupation Male Married Widow Diverced Number of children living Female Colored Single-Widdwer Husband Wife Father's Name How long sick Death Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79899



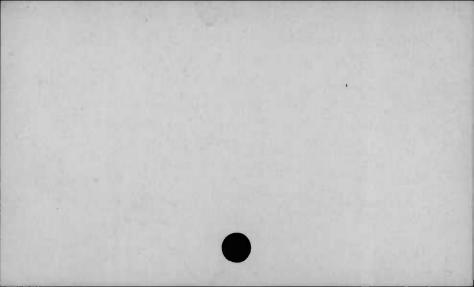
Name in Full Certificate of Death Occupation Date 1902 Male Divorced Coloted Single Female. Widower Husband Wife Father's Name Cause of Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Certificate of Death Name In Full Gertrud 8 MARYLAND Native\_of Date 1902 White Female Single Widom Number of children living Husband Wife Father's Cause of Accident, Sueda, Harris Death Reported by Addres Must digned by physician, if any in attendance, otherwise by coroner, undertaker or minister. JORAPY BUREAU, 79893



Name in Full Certificate of Death Abijah Place Alberton County Howard Number of children living Joshua Lee Maiden Name In miBlambill Howard Co. Md. Alberton Multiple signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Richard B Warfield Died at 20k Ridge marrond Date 19 0 2 Number of children living -Fiemale Husband of Wife Mother's Father's Maiden Name Name Primary Heart disease Immediate Heart disease Accident, Suicide, Homicide arthur Evillians Address El Ridge Howard lo had Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

